

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.
10718143
APPLICANT(S)

FILED DATE

		AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS						
		IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1		1												
2			7						91					
3			1						92					
4			1						93					
5			1						94					
6			1						95					
7			1						96					
8			1						97					
9			1						98					
10			1						99					
11			1						100					
12			1											
13			1											
14			1											
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49														
50														
TOTAL IND.		13							TOTAL IND.					
TOTAL DEP.			9						TOTAL DEP.					
TOTAL CLAIMS		22							TOTAL CLAIMS					